2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2020
Secretary of State
9888858442CC

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Entity Name: FULHAM TERRACE DEVELOPER, LLC

Current Principal Place of Business:

1105 KENSINGTON PARK DRIVE, STE 200
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1105 KENSINGTON PARK DRIVE, STE 200
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 35-2571851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAY, N. DWAYNE JR ESQ
315 E. ROBINSON STREET, STE 600
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR AND MBR	Title	MBR
Name	WOLF, JONATHAN L	Name	BAMBERGER, GLEN F
Address	1105 KENSINGTON PARK DRIVE, STE 200	Address	1105 KENSINGTON PARK DRIVE, STE 200
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	MBR	Title	MBR
Name	VON WELLER, RYAN S	Name	WOLF, SARA E
Address	1105 KENSINGTON PARK DRIVE, STE 200	Address	1105 KENSINGTON PARK DRIVE, STE 200
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	MBR	Title	MBR
Name	WOLF, HARRISON F	Name	JONATHAN AND NANCY WOLF FAMILY TRUST I DATED 8/6/18
Address	1105 KENSINGTON PARK DRIVE, STE 200	Address	1105 KENSINGTON PARK DRIVE, STE 200
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN L. WOLF MEMBER 05/19/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date